

PATENT

Enclosed with this petition is:

1. A Declaration by all available inventors made on their own behalf and on behalf of the non-signing joint inventor, Kim Hoertsch;
2. proof that the non-signing inventor cannot be found or reached after diligent effort or that the non-signing inventor refused to sign the Declaration in the form of a Declaration of Facts executed by a person who conducted the search effort;
3. the last known address of Ms. Hoertsch (included on the Declaration) which is:
2262 Meadow Green Drive
Neenah, WI 54956; and
4. the required petition fee of \$130.00 as set forth in 37 CFR 1.17(h).

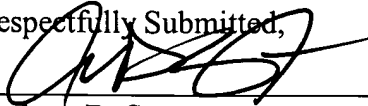
As set forth in the attached Declaration of Facts, the present application was filed December 30, 2003. Applicants subsequently received a Notice to File Missing Parts mailed August 9, 2004. At that time, Ms. Hoertsch was no longer employed by Kimberly-Clark Corporation or Kimberly-Clark Worldwide, Inc., the Assignee of this application. On September 23, 2004, the undersigned attorney sent by certified mail to the above-referenced address a declaration and a copy of the application as filed, together with a return envelope postage prepaid. The undersigned attorney requested that Ms. Hoertsch review the application and declaration, sign the declaration and return them in the enclosed envelope. On September 29, 2004, a Mr. Larry Hoertsch signed a Return Receipt indicating receipt of the package.

After not receiving an executed Declaration, the undersigned attorney called Ms. Hoertsch at her last known number on October 18, 2004 and left a telephone message asking for her to return the Declaration or to call the undersigned attorney with any questions. The undersigned attorney did not receive a return telephone call. On November 8, 2004, the undersigned attorney again called Ms. Hoertsch, but was informed that she was not available. To date, the undersigned attorney has not received an executed Declaration from Ms. Hoertsch.

Accordingly, Applicants respectfully request that this Petition to accept the enclosed Declaration signed by all of the available inventors on behalf of themselves and on the behalf of Ms. Hoertsch be granted.

Dated: November 9, 2004

By:

Respectfully Submitted,


Andrew D. Stover
Reg. No. 38,629
Attorney for Applicants

BRINKS HOFER GILSON & LIONE LTD.
Post Office Box 10395
Chicago, Illinois 60610



PATENT

I hereby certify that this correspondence is being deposited with the United States Postal Service, with sufficient postage, as first class mail in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313
on November 9, 2004

Date of Deposit

Andrew D. Stover, Reg. No. 38,629

Name of applicant, assignee or
Registered Representative

Signature

November 9, 2004

Date of Signature

Our Case No. 659-2080

Client Case No. 19996

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)

Zander et al.)

Serial No. 10/749,871)

Filing Date: December 30, 2003)

For: VISUALLY COORDINATED)
ABSORBENT PRODUCT)

) Examiner: TBD

) Group Art Unit 3765

DECLARATION OF FACTS

This declaration is made as to the facts that are relied upon to establish the diligent effort made to secure the execution of a Declaration by the omitted inventor for the above-identified application. This declaration is being made by a person having first-hand knowledge of the facts recited herein.

1. I, Andrew D. Stover, am a registered Patent Attorney representing Kimberly-Clark Worldwide, Inc., who is the sole assignee of rights in the above-identified application.

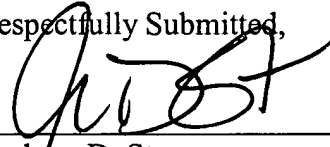
2. Kim Hoertsch, one of the named inventors for the above-identified application, has not signed the Declaration for this application.
3. The present application was filed December 30, 2003. Applicants subsequently received a Notice to File Missing Parts mailed August 9, 2004. At that time, Ms. Hoertsch was no longer employed by Kimberly-Clark Corporation or Kimberly-Clark Worldwide, Inc., the Assignee of this application.
4. On September 23, 2004, the undersigned attorney sent by certified mail to Ms. Hoertsch at the address referenced in the attached Petition a declaration and a copy of the application as filed, together with a return envelope postage prepaid (Tab 1). The undersigned attorney requested that Ms. Hoertsch review the application and declaration, sign the declaration and return them in the enclosed envelope.
5. On September 29, 2004, a Mr. Larry Hoertsch signed a Return Receipt card (Tab 2) indicating receipt of the package.
6. After not receiving an executed Declaration, the undersigned attorney called Ms. Hoertsch at her last known telephone number on October 18, 2004 and left a message asking for her to return the Declaration or to call the undersigned attorney with any questions. The undersigned attorney did not receive a return telephone call.
7. On November 8, 2004, the undersigned attorney again attempted to call Ms. Hoertsch, but was informed that she was not available.
8. To date, the undersigned attorney has not received an executed Declaration from Ms. Hoertsch.
9. I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 1001 of Title 18 of the United States code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I DO SO DECLARE.

Dated: November 9, 2004

By:

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "A. Stover", written over a horizontal line.

Andrew D. Stover

Reg. No. 38,629

Attorney for Applicants

BRINKS HOFER GILSON & LIONE LTD.

Post Office Box 10395

Chicago, Illinois 60610

Andrew D. Stover
312-321-4713
E-mail astover@brinkshofer.com



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HOFFER
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& LIONE

A Professional Corporation

Intellectual Property
Law Worldwide

September 23, 2004

Kim Hoertsch
2262 Meadow Green Drive
Neenah, WI 54956

Re: U.S. Patent Application Serial No. 10/749,871
Title: VISUALLY COORDINATED ABSORBENT PRODUCT
Inventors: Zander, et al.
Filing Date: December 30, 2003
Our Ref. No.: 659-2080
K-C Ref. No.: 19996

Dear Kim:

As you may recall, you are a named inventor of the above-referenced application. We have received from the United States Patent Office (USPTO) a Notice to File Missing Parts and a Filing Receipt for the above-referenced patent application. In order to respond to the outstanding Notice to File Missing Parts, we must file a Declaration, filing fee and surcharge with the USPTO by the extensible due date of **October 9, 2004**.

I ask that you review the Declaration and the enclosed application, then sign and date the Declaration where indicated. I also ask that you sign and date the enclosed Assignment. I have enclosed a check in the amount of \$1 as specified therein.

After the documents are signed, please return them to me in the enclosed envelope at your earliest convenience so that we can get them on file before the **October 9, 2004** due date. Please do not hesitate to contact me if you have any questions.

Very truly yours,

Andrew D. Stover

ADS/kp
Enclosures

BEST AVAILABLE COPY

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete item 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature X</p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em;">KIM HOERTSCH 2262 Meadow Green Drive Neenah, WI 54956</p>	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from service label) 7000 0520 0013 0917 4711</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF RETURN ADDRESS. FOLD AT DOTTED LINE.

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

7000 0520 0013 0917 4711
 7000 0520 0013 0917 4711

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Recipient's Name (Please Print Clearly) (To be completed by mailer)
KIM HOERTSCH

Street, Apt. No., or PO Box No.
2262 MEADOW Green Drive

City, State, ZIP+4
Neenah WI 54956

Postmark Here

PS Form 3800, February 2000 See Reverse for Instructions

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<div style="display: flex; justify-content: space-between;"> <div> <p>Postage \$ 2.21</p> <p>Certified Fee 2.30</p> <p>Return Receipt Fee (Endorsement Required) 1.75</p> <p>Restricted Delivery Fee (Endorsement Required)</p> <p>Total Postage & Fees \$ 6.26</p> </div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center;"> <p>SEP 23 2004</p> <p>U.S. POSTAL SERVICE</p> </div> </div>	<p>1, 2, and 3. Also complete Restricted Delivery is desired.</p> <p>Print your name and address on the reverse so that we can return the card to you.</p> <p>Attach to the back of the mailpiece, if space permits.</p> <p>Delivered to:</p> <p style="font-size: 1.2em;">HOERTSCH Meadow Green Drive Neenah, WI 54956</p>	<p>A. Signature X <i>T. Runyan</i></p> <p style="text-align: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) T. RUNYAN</p> <p>C. Date of Delivery SEP 29 2004</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:</p>
<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		

Recipient's Name (Please Print Clearly) (To be completed by mailer)
KIM HOERTSCH

Street, Apt. No., or PO Box No.
2262 MEADOW Green Drive

City, State, ZIP+4
Neenah WI 54956

PS Form 3800, February 2000 See Reverse for Instructions

PS Form 3811, February 2004

Domestic Return Receipt